

Community Care Worker Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We carried out an announced inspection at Community Care Worker on the 28 September, 1 October 2018 and 3 October 2018. At the last inspection on the 9 August 2017, we found breaches in regulations. Regulation 13 because people were not always safeguarded from potential abuse and Regulation 19 because the provider did not have effective systems in place to ensure staff were safely recruited. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question of safe to at least good. We served a warning notice under Regulation 19 which asked the provider to take immediate action to make improvements. We found improvements had been made to Regulation 13. However, we found there was a continued breach in Regulation 19 and the provider needed to make improvements to the way the service was managed. This is the fourth consecutive time the service has been rated Requires Improvement.

This service is a domiciliary care agency. It provides personal care to people living in their own houses in the community. It provides a service to older adults and younger adults who have a physical or learning disability. At the time of the inspection there were 20 people receiving a service of personal care within their own homes.

Not everyone using Community Care Worker receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There was a registered manager at the service who is also the provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

There was a lack of structure and organisation within the service, which impacted on the monitoring of some people's care and led to breaches in regulations. Improvements at the service had not been acted on in a timely manner to ensure regulations were met and lessons had not been learnt when things went wrong.

Staff felt the registered manager was not always approachable and did not always listen to them when they

raised concerns.

Records were not stored securely and improvements were needed to ensure records were accurate and accessible in the absence of the registered person.

The provider was not meeting the conditions of their registration because they were storing documents at an unregistered address.

The provider had not made the necessary improvements since the last inspection to ensure staff were consistently recruited safely.

Improvements were needed to ensure actions in place as a result of complaints were recorded in care records for staff to follow.

Staff were aware of their responsibilities to protect people from the risk of harm. Staff knew people's risks and supported them to remain as independent as possible whilst protecting their safety.

There were enough staff available to meet people's needs in a timely way. Medicines were managed safely and infection control measures were in place to protect people from the potential risk of cross infection.

People's cultural and diverse needs were planned for to enable a fully individualised care provision that met people's preferences.

The provider was following the principles of the Mental Capacity Act 2005. This meant that people were receiving care that was in their best interests. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People's care was reviewed. However, this information had not always been included in people's records to ensure they received care that met their changing needs.

Staff received training to carry out their role effectively.

People were supported to eat and drink sufficient amounts and nutritional risks were assessed and monitored.

People's health was monitored and health professionals input was sought where needed.

People were supported by kind and caring staff who ensured people's dignity was maintained and their right to privacy was upheld.

People's choices were promoted and respected by staff in a way that promoted people's individual communication needs.

People received care from a consistent staff group which met their individual needs and preferences.

People and relatives felt able to approach the registered manager.

Feedback about the quality of care had been gained from people and checks on staff performance had been

completed to ensure people were receiving the care required.

We found there was a breach in regulation of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not consistently safe.

Improvements were still needed to ensure the provider consistently followed safe recruitment procedures to protect people from the risk of receiving support from unsuitable staff.

People were supported by staff who knew how to manage and reduce risks to their health and wellbeing. However, there was a risk of inconsistent and unsafe support because sufficient guidance was not always available to staff.

Staff were aware of their responsibilities to protect people from the risk of harm. People received their medicines as prescribed. There were enough staff available to meet people's needs and infection control measures were in place to protect people from potential infection risks.

Requires Improvement ●

Is the service effective?

The service was effective.

Staff had received an induction and training before providing support to enable them to carry out their role effectively. People's diverse needs were assessed and planned to enable individualised support to be provided.

People's consent was gained before staff provided support and the provider was following the principles of the Mental Capacity Act 2005. This meant that people received care that was in their best interests.

People were supported to eat and drink sufficient amounts to maintain their wellbeing. People's health was monitored and health professionals input was sought and followed. A system had been implemented to pass information to staff to ensure people received consistent care.

Good ●

Is the service caring?

The service was caring.

Good ●

People were supported by caring and kind staff who respected their dignity and their right to privacy was upheld. People were supported to make choices in the way their care was provided and were supported in line with their individual communication needs.

Is the service responsive?

The service was not consistently responsive.

Improvements were needed to ensure the system in place to act and respond to complaints was effective.

People's care was reviewed to ensure they received care that met their changing needs. However, improvements were needed to ensure that people's records were updated with this new information.

People were supported in line with their preferences which were detailed in their care records.

Improvements had been made to the time allowed for staff to travel between visits, which ensured people received their support at a time they needed it.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

There was a lack of structure and organisation within the service, which impacted on the monitoring of some people's care. Improvements at the service had not been acted on in a timely manner to ensure regulations were met. Records were not stored securely and improvements were needed to ensure records were accurate and accessible in the absence of the registered person. Staff felt they were not always listened to when they raised concerns.

The provider had not acted in accordance with conditions of their registration.

The provider was displaying their current rating at the service and on their website and worked in partnership with external agencies.

Feedback had been gained from people and their relatives and checks on staff performance had been undertaken.

Requires Improvement ●

Community Care Worker Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection started on 28 September 2018 and was unannounced. The inspection team consisted of one inspector.

Inspection activity started on 28 September 2018 and ended on 3 October 2018. It included telephone calls with people and/or their relatives and we called staff to assess their knowledge of people they supported and the procedures they needed to follow. We visited the office location on 1 October 2018 and 3 October 2018 to review records held at the service and speak with office staff. The registered manager was contacted by telephone and email as they were unavailable at the office during the inspection.

Before the inspection site visit we used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they planned to make. We also reviewed information we held about the service, such as feedback from staff and people. We checked notifications we had received from the provider about events that had happened at the service, which the provider is required to send us by law. For example, serious injuries, safeguarding concerns and changes to the service provided.

We spoke with five people who used the service and two relatives. We also spoke with six staff members and the registered manager/provider. We viewed six records about people's care and records that showed how

the service was managed. This included training and induction records for ten staff employed at the service.

Our findings

At our last inspection, we found that the provider had not followed safe recruitment procedures to ensure people were protected from the risk of support being provided by inappropriate staff. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a warning notice which asked the provider to make the required improvements. However, at this inspection, although we found some improvements had been made further improvements were still required.

We viewed staff files to check that the provider had followed safe recruitment practices and whether improvements had been made to these practices since our last inspection. We viewed Disclosure and Barring Service (DBS) checks for staff. DBS carries out criminal record checks to ensure staff are suitable to work with vulnerable people. However, we viewed two files that did not contain evidence that these staff members had a DBS in place. The office staff were unable to confirm that these staff had the necessary checks in place. The registered manager told us these people had these checks in place and we received details of these checks after the inspection. Another staff member had started to provide support to people a month before the provider had received notification that the DBS was clear, which meant people had been placed at risk because the provider had not ensured this person was safe to provide support prior to them working independently.

References of previous employment are an important part of assessing staff members' suitability to provide support to people. We saw that one staff member had provided details of two referees for the registered manager to contact. However, we found that there was only a character reference available and a reference from the staff member's previous employer had not been received. Another staff member's file did not contain any recruitment information and therefore the provider did not have the information available to assess whether this staff member was suitable to provide support to people. This meant that the provider had not made improvements and safe recruitment procedures were not consistently in place.

People and relatives told us that staff knew how to help them safely. One person said, "The staff help me to put cream on because I can get very dry skin. This helps to keep my skin in good condition". One relative said, "The staff know what my relative needs and I feel they are safe when they are being supported. My relative needs equipment to move and I am confident staff know what they are doing". Staff were able to explain how they supported people to reduce risks and had a good knowledge of how to reduce people's risks, which matched what people had told us. For example, one person was at risk of developing sore skin and staff explained how they ensured this person's skin was maintained to keep them safe from harm.

Another person needed help to move and staff told us how they supported the person with this in a safe way. Staff told us they had received training to ensure they understood how to use the equipment. However, we found that two people who had recently started to use the service did not have care plans and risk assessments in place for staff to follow. Although staff we spoke with knew these people's needs there was a risk that without these important documents these people may receive inconsistent and unsafe support. This meant people's risks were managed by staff. However, improvements were needed to ensure staff had sufficient guidance available to provide consistent support

The registered manager had not always learnt when things went wrong at the service and had not made improvements when required. Some improvements had been made at the service. However, some of the areas that needed improvements had been repeatedly highlighted to the registered manager and few changes had been made. There was no system for the registered manager to pro-actively recognise when things went wrong and to learn from these issues before they had been highlighted by other professionals such as; inspectors from the Care Quality Commission. This meant that improvements were needed to ensure that lessons were learnt when things went wrong to improve the quality of the service.

At our last inspection, we found effective systems were not in place to ensure people were safeguarded from abuse. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we found that improvements had been made.

People we spoke with told us that they felt safe when they were being supported by staff. One person said, "I feel safe with staff, very much so". Relatives told us that they trusted staff and knew that their relatives were supported safely. One relative said, "I definitely feel my relative is safe with staff. They are all very good". Staff were able to explain how they supported people to remain safe and the action they would take if they felt someone was at risk of abuse. Staff told us that they would report any concerns that someone was not being treated properly to the manager immediately. We spoke with the senior care co-ordinator who told us the procedures they followed if they had been made aware of suspected abuse. There had been no recent concerns identified at the service but there were systems in place to ensure suspected abuse was reported as required. This meant that procedures were in place, which staff understood to ensure people were protected from suspected abuse.

People told us that staff administered or prompted them to take their medicines when they needed them. One person said, "The staff get my medicine for me so that I can take it myself. It's good because I might forget otherwise". People's Medicine Administration Records (MARs) contained details of people's medicines, the frequency and the time that people needed to be supported with their medicines. The MARs we viewed contained signatures to show that staff had supported people with their medicines. Staff we spoke with told us that they felt competent to support people with their medicines as they had undertaken medicine training. The records we viewed confirmed this. This meant that people's medicines were managed safely.

People and relatives we spoke with told us there were enough staff available to provide support when they needed it. People told us that staff arrived on time and staff stayed for the required time. One person said, "Staff are always on time I'm never kept waiting and they stay and have a chat after they have helped me". Another person said, "Staff are generally on time and they let me know if they are running late". A relative said, "The staff are mostly on time. Sometimes they can be running a bit late. If I've not been told what has happened I ring the office and always get a response". Staff told us that they felt there was enough staff available to meet people's needs. One staff member said, "I feel there are enough staff at the moment. Improvements have been made to the travel time on the rota to ensure we have sufficient time between calls. I have spoke with the registered manager where the travel time is insufficient and I am listened to".

This meant that there were sufficient staff available to meet people's needs.

People and relatives we spoke with told us that staff always wore aprons and gloves when they were providing support. A relative said, "The staff always wear gloves and aprons. If staff have long hair they have this tied up too". Staff told us that they wore gloves and apron's when supporting people with personal care and the provider ensured that these were available for them to use. This meant that people were protected from the risks of infection and cross contamination.

Our findings

At our previous inspection, improvements were needed to ensure health and medical advice was sought for people when required. We rated this area as requires improvement. At this inspection these improvements had been made and this area was rated as good.

People and their relatives told us that they felt staff had sufficient training to support them safely and effectively. One person said, "The staff are good and they know what they are doing. I think they are well trained". A relative said, "They [staff] know how to use the equipment to move my relative, so I know they have been trained". Staff told us that they received an induction and shadowed experienced staff members for a period of three days before providing support to people. Staff told us they had received training which was refreshed regularly. The training included manual handling, safeguarding vulnerable adults and medicines. One staff member said, "The induction and training was useful and it helped me to understand how to support people". The records confirmed what staff told us and we saw that spot checks were carried out to ensure staff used the training received to support people safely and effectively. This meant that staff were trained to provide effective support to people who used the service.

People told us that staff asked their permission before they provided support. One person said, "The staff know what I need doing, but they always check with me first before helping me". Another person said, "They [staff] sit with me and ask what I want. They never do anything without asking first". Some people were unable to understand some decisions about their care and we checked that the provider was meeting their responsibilities under the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. We saw mental capacity assessments had been carried out when people lacked capacity to make specific decisions. These assessments contained details of how staff needed to support people to make specific decisions in their best interests. Staff we spoke with understood their responsibilities under the MCA.

People we spoke with were happy with the support they received from staff in relation to their food and drink. One person said, "The staff warm my food up for me and they always get me a drink when they arrive and before they leave". Staff explained the importance of supporting people to eat and drink sufficient amounts and how they ensured drinks were available to people. This meant people were supported with their nutrition and hydration needs.

People were supported if they felt unwell and the registered manager sought advice from health professionals to enable staff to provide effective support. Records showed that contact had been made with various professionals such as; G.P, hospital staff and occupational therapists. We saw staff had informed the office and recorded any issues to ensure these were referred to the appropriate professionals. For example; one person had spoken with staff and stated that they wished to have their bed moved downstairs so they were able to spend more time with their family. We saw that staff had passed this information to the office and a referral had been made to the social worker and occupational therapist to ascertain if this was possible. This meant people were supported to access health professionals and advice sought was followed.

We saw that before a person used the service an assessment of their needs was completed to ensure that the person's needs could be met at the service. We saw that information was gathered from the person themselves, family members and any other representatives that were involved in the person's life. This information included details such as; the person's past medical history, people's support needs. The assessment form included specific information about people's diverse needs such as cultural background, religion or their sexuality. This information had been used to in the planning of people's care and staff we spoke with were aware of this information. This meant that people's diverse needs were assessed and planned for to ensure people received personalised support.

A staff member we spoke with told us they had identified that a system was required to handover information between staff. We saw they had recently implemented a handover book at the office to ensure that changes in people's care were recorded and passed on to staff. We were unable to assess whether this new system was effective as it had not been fully imbedded into the service and will assess this at our next inspection. This meant that a new system had been implemented to ensure information about people's needs was available across the service.

Our findings

At our previous inspection, we rated this area as good. At this inspection this area continued to be rated as good.

People and relatives we spoke with told us that staff were caring and kind towards them. The comments we received from people and relatives included; "The staff are absolutely marvellous. Very caring with me", and "I have a good relationship with staff, they are kind we have built good relationships. I am happy with all the staff", and "The staff are very caring. My relative considers them as friends and enjoys the staff coming to help them". One person told us how they enjoyed having a chat and a laugh with staff and the person liked it when staff said, "Goodnight sweetheart, sleep well". They told us this made them feel cared for. Staff told us that they were given enough time to provide support in an unrushed way and they were able to spend time chatting with people before they left.

People and relatives told us that they were treated with dignity and respect when staff were supporting them or their relative. One person said; "I feel that I am treated with dignity and the staff respect my privacy. They make me feel comfortable". One relative said, "The staff are polite and treat my relative in a dignified way. They always make sure any personal care is completed in private". Staff told how they made sure people's dignity and privacy was protected when they were providing care and support. One staff member said, "It is important to make sure people feel comfortable and I make sure I respect people's privacy. For example, I am sensitive when providing personal care and ask if people are comfortable with me helping them". This meant that people's dignity was maintained and their right to privacy upheld.

People were given choices before they received support from staff. One person said, "The staff always ask what I would like help with each time they come in as some days I can do more than others". Relatives told us that staff listened to their relative's choices and provided support in line with their wishes. Staff told us they always asked people before they provided support and took account of their wishes. One staff member said, "I always make sure I give people choice. It is important to provide the support that people want as each day can be slightly different than another because of a fluctuation in people's independence". The care records we viewed detailed people's preferred times for their care to be delivered and people confirmed that staff arrived when they wanted them in line with their preferences. This meant that people chose how their support was delivered and these choices were respected by staff.

People who had difficulty communicating were supported by staff in a way that met their communication needs. For example; one person had difficulty communicating and their understanding was limited. Their

relative told us that staff understood how to communicate effectively and recognised what the person's physical gestures and facial expressions meant. We saw the care plan for this person contained detailed guidance for staff to follow to ensure that this person was supported to make choices in their care. Staff we spoke explained how they supported this person which matched what the person's relative told us and the guidance in their care plan. This meant this person was supported to make choices about their care in line with their communication needs.



Our findings

At our previous inspection, we rated this area as good. At this inspection improvements were needed to ensure complaints were managed and this area was rated as requires improvement.

People and their relatives told us that they knew how to complain and they would approach the staff directly or the registered manager if they had any concerns. One person said, "I have raised complaints before and they have changed things for me if I'm not happy". However, one person told us that they had requested that a rota was sent to them each week so they were aware of the staff visiting them. This person told us that this was not consistently completed and they felt the concerns they had raised had not been listened to. We viewed the complaints log which showed there had been four complaints since our last inspection. We saw that the complaint had been detailed and the action taken was recorded. However, we found that the action recorded for staff to complete at the visit was not being completed consistently. We were told that this information had been passed to staff but found that this change in the person's care had not been updated in their care records. This meant that improvements were needed to the system in place to act on complaints to ensure changes were made in response to complaints received.

People and relatives told us they had been involved in the reviews of their care and changes had been made to their care when people's needs had changed. One person said, "The office ring me often to ask if I am happy with my care and if I need any changes made. If I have needed anything changing the staff know about it". A relative said, "I am involved in my relative's care planning as they are unable to do this for themselves. I get phone calls and when things have changed we meet and discuss the changes". We saw records of the reviews undertaken and although staff we spoke with were aware of these changes in people's needs these had not always been reflected in the care plans.

People and relatives told us they were involved in the assessment and planning of their care. One person said, "I met with [senior care-coordinator] before staff came to me. They asked me what I needed help with and how I liked things to be done". Staff we spoke with knew people's preferences and were able to describe how people liked to be supported to maintain their independence, such as food choices, how people liked their care providing and whether they preferred a female or male member of staff to support them. Staff understood different people's individual routines they liked to follow and people's life history, which helped them to have meaningful discussions. The care plans we viewed contained this important information to provide staff with the guidance required to meet people's preferences.

People and their relatives told us that carers mostly arrived on time and staff stayed for the amount of time

people had been assessed as needing. The comments we received included; "The carers are very good, they arrive on time and are never rushed. On the odd occasion they have been late it is normally because they have been held up with another person", and "The staff are normally on time. It does worry me if they are late but if I ring them they reassure me that they are on their way". Staff told us that improvements had been made to the amount of travel time between calls, which ensured people received their support at the time they needed it. One member of staff said, "The time between calls is a lot better and if I have found that there is not enough time I have raised this with the registered manager who has ensured the timings are changed". The rotas we viewed confirmed what people and staff had told us. This meant people received the support they needed at the time that had been agreed.



Our findings

At our last inspection, we found improvements were needed to ensure systems in place to monitor the service were effective and we rated this area as requires improvement. At this inspection, we found improvements to the governance and leadership of the service had not been made and breaches of regulations were identified.

The registered manager who is also the provider was unavailable at the service because they were out of the country. We had contacted the registered manager before the site visit to ensure they were aware of our visit. We requested details of all staff employed at the service and of people who were supported with personal care. We received these details by email. However, during the inspection we identified staff members and people who used the service that were not detailed on the information sent to us. We asked the staff in the office about six people and they were unaware that these people were receiving support with their personal care. Staff informed us because they were unaware that these people were receiving a service they had not ensured schedules were in place to monitor the care provided. We were informed that the registered manager provided the care co-ordinators with a list of people who required monitoring. However, we saw this list did not contain all the people who received a service to enable this to be completed. This meant the systems to arrange and monitor people's care were not operated effectively.

People's care records were stored in a separate office next to the registered office and the care-co-ordinators had not been left with keys to this office and were therefore unable to access these important documents. The registered manager had not made sufficient arrangements to enable staff to access these documents in their absence despite being aware of the scheduled inspection and our intention to view documents. This also meant that staff were unable to access people's records where required. The care-co-ordinators contacted the landlord of the office and a key was gained to enable us to access this office during the third day of the inspection. This demonstrated that the registered manager had not made adequate provisions to ensure the service operated in an organised and safe manner in their absence.

Records we viewed were not always up to date and accurate. Staff were aware of people's needs and the support required, which matched what people told us they needed. However, the records did not always contain an accurate reflection of people's needs and the support people needed from staff to keep them safe. For example; one person told us they had cream applied to help them with their dry skin. Staff we spoke with told us they applied this cream and knew where the cream needed applying. However, this person's skin integrity plan did not contain details of the cream, why it was needed and where it was needed. We saw another three people's care plans that also lacked information regarding skin care needs. We saw

that actions that had been implemented from a complaint about two people's care had not been documented in their care plan to ensure staff understood how to provide encouragement with their personal care needs. The staff members who regularly visited understood how to provide this care and the importance of documenting this information in the daily records. However, this had not been documented as required by all staff. This meant improvements were needed to ensure all records contained an accurate reflection of people's needs.

Records of people's care were not always kept securely. For example; we found one person's care plan on the reception area of the office which contained confidential details about the person's needs which included their name and address. People's records that had been audited such as daily records, MAR sheets and skin inspection records were stored in an office in boxes on the floor and not within secure cabinets. Staff payslips were stored on a book case which was unsecure. This meant that records were not stored securely which compromised people's personal data.

We received inconsistent feedback from staff regarding the approachability and supportiveness of the registered manager. Staff told us that the registered manager had been supportive and approachable but this had changed in the two months prior to our inspection. One member of staff said, "The registered manager has been supportive but recently they avoid staff and don't want to discuss issues that we have". Another member of staff said, "I don't always feel comfortable raising issues with the registered manager these days and when I visit the office is really difficult to discuss things with the co-ordinators because there are cameras watching us so it doesn't feel confidential". We saw that staff meetings and supervisions had been completed by care-co-ordinators. However, the issues staff told us had not been raised by staff during these meetings. This meant that staff did not always feel listened to and felt unable to raise concerns with the registered manager.

The provider was unable to sustain improvements. Our inspections of this service have demonstrated that when directed improvements are made however, the provider does not have effective systems in place to monitor key areas of the co-ordination of the service which has meant that improvements have not been sustained. At our first inspection of this service on 19 January 2016, we found that safe recruitment practices were not in place. We asked the provider to make improvements to ensure people were supported by suitable staff. The provider made improvements which we saw at the following two inspections. However, at our inspection on 19 August 2017 these systems had not been effective in ensuring safe recruitment practices were consistently followed. We found that a member of staff had started to provide support to people before the provider had received checks on their character and past employment. We issued a warning notice to request the provider to make these improvements. However, at this inspection we found improvements were still required. Since our first inspection undertaken in January 2016 the provider had failed to make sufficient improvements to the service. We had inspected the service on four occasions and found that their continued to be breaches in regulations and the service was repeatedly rated as requires improvement. The provider had not ensured that improvements at the service were consistently sustained. This showed that the provider had not taken the necessary steps to meet the regulations and make improvements to the service as required.

The provider has a duty to notify us (CQC) of any changes to their registration which includes a change of address from which the regulated activity is carried on. Documents that are used for the provision of the regulated activity must be stored at this registered address. During the inspection we found that the provider was storing documents such as people's care plans, risk assessments, MAR charts and skin integrity charts next door to the registered office. This address was not included on their certificate of registration. The provider had not informed us of this change.

The above evidence shows that effective systems were not in place to effectively monitor and manage the service. There was a lack of structure and transparency within the service. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems were in place to monitor some aspects of the service which were completed monthly by care-coordinators to ensure people received their assessed care. The audits included call monitoring to ensure people were receiving their care as planned and checks on daily records, skin charts and MARs. We found that where issues had been identified action had been taken. For example; an audit had identified that staff were not consistently recording when cream had been applied and it was noted that some information was missing from the daily log. This had been raised with the staff and they were provided with a reminder of the importance of recording the care provided. This meant that these systems were effective in monitoring people's care. However, we found that not all people's care was monitored by these systems as the registered manager had not ensured that care-coordinators had all the information they needed to monitor the care of all the people who received a regulated activity.

People and their relatives told us that the registered manager was approachable. One relative said, "[Registered manager's name] is approachable. They regularly ask for feedback about the care and make changes where needed. The registered manager also provides care so I see them often and feel I could always pick up the phone and call them". We saw that regular telephone feedback was completed to ensure people were happy with the care they received. The feedback we viewed contained positive comments about the care provided and included comments such as; "Lovely staff", and "I love my carer and I am happy with the service". This meant feedback had been gained from people and their relatives.

Staff told us and records showed that the manager had carried out 'spot' checks' on staff's performance. For example; the spot check showed that a member of staff had not worn an apron when assisting a person with personal care. We saw that this had been raised with the staff member and the importance of using protective equipment had been reiterated. This meant checks on staff performance were completed to ensure people received safe and effective support.

Relatives told us that the service had contacted other agencies when their relatives needed intervention from professionals to ensure they were safe. The records showed that the registered manager and senior care co-ordinator had contacted other agencies to ensure that people received support that met their needs. This included health professionals such as G.P's, hospital discharge teams and occupational therapists. This meant that the registered manager worked in partnership with agencies to ensure people received care that met their needs.

The provider was displaying their rating within the office and on their website as required.

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not in place to effectively monitor and manage the service. There was a lack of structure and transparency within the service.

The enforcement action we took:

We served a warning notice.